

## PART B - FEE(S) TRANSMITTAL

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7590

05/13/2004

David A. Jackson  
 KLAUBER & JACKSON  
 4th Floor  
 411 Hackensack Street  
 Hackensack, NJ 07601

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## Certificate of Mailing or Transmission

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Carolyn Di Meglio	(Depositor's name)
<i>Carolyn Di Meglio</i>	(Signature)
August 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/087,195	03/01/2002	Patricia Anne Nuttall	2488-1-004	8628

TITLE OF INVENTION: TREATMENT OF ALLERGIC RHINITIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SRIVASTAVA, KAILASH C	1651	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Klauber & Jackson

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EVOLUTEC LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OXFORD OX4 4GA, UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1153 (enclose an extra copy of this form).

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08/17/2004 MMEKONE1 00000191 10087195

01 FC:2501

02 FC:1504

03 FC:8001

665.00 OP

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